

MESSAGE FORWARDING SERVICE

INSTRUCTIONS FOR SENDER OF MESSAGE: (Type or Print Legibly)

SENDER'S NAME		TELEPHONE NUME	BER	
SENDER'S ADDRESS	CITY	STATE	ZIP CODE	
Please complete at least one of the	e following lines of information regarding th	e person you wish to co	ntact.	
	and birthdate			
• full name	and driver license or ID c	ard number		
OR • full name	and vehicle license or \	and vehicle license or VIN number		
	payable by check or money order, must be inceed, however, we will attempt to remail your m			
Please mail request to:	Department of Motor Vehicl Information Services Branc Public/Commercial OIS-MFS P.O. Box 944247 MS H264 Sacramento, CA 94244-2470	h S		
FOR DEPARTMENT USE ONLY				
Message was returned unclaim Your request is being returned	dentify the subject or your request. med by the Post Office, with no forwarding d as it appears to be contrary to public inte	erest.	ATE INITIALS	
persons seeking to locate someone. service. The party identified above ha There is no legal requirement that you has not retained a copy of this messive request.	s prohibited by law from providing residence. In the interest of public service, the departs contacted the department and asked that comply with the message or that you contact age. We have not and will not release you	ment has established a r the message indicated b ct the person who prepare	message forwardinq e transmitted to you ed it. The departmen	
MESSAGE:				

"Upon request, this document can be produced in Braille or large print." California Relay Telephone Service for the deaf of hearing impaired from TDD Phones: 1-800-735-2929; Voice Phones: 1-800-735-2922